



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2019:34

Reporting for the week ending 08/24/19 (MMWR Week #34)

August 30th, 2019

CURRENT HOMELAND SECURITY THREAT LEVELS

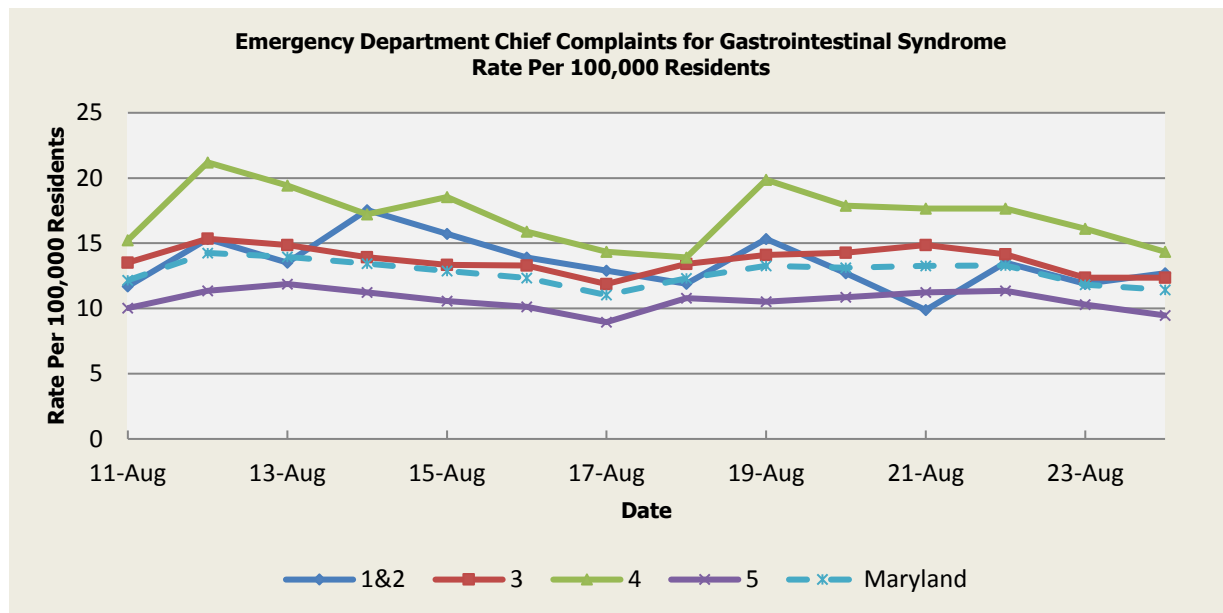
National:	No Active Alerts
Maryland:	Normal (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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Gastrointestinal Syndrome



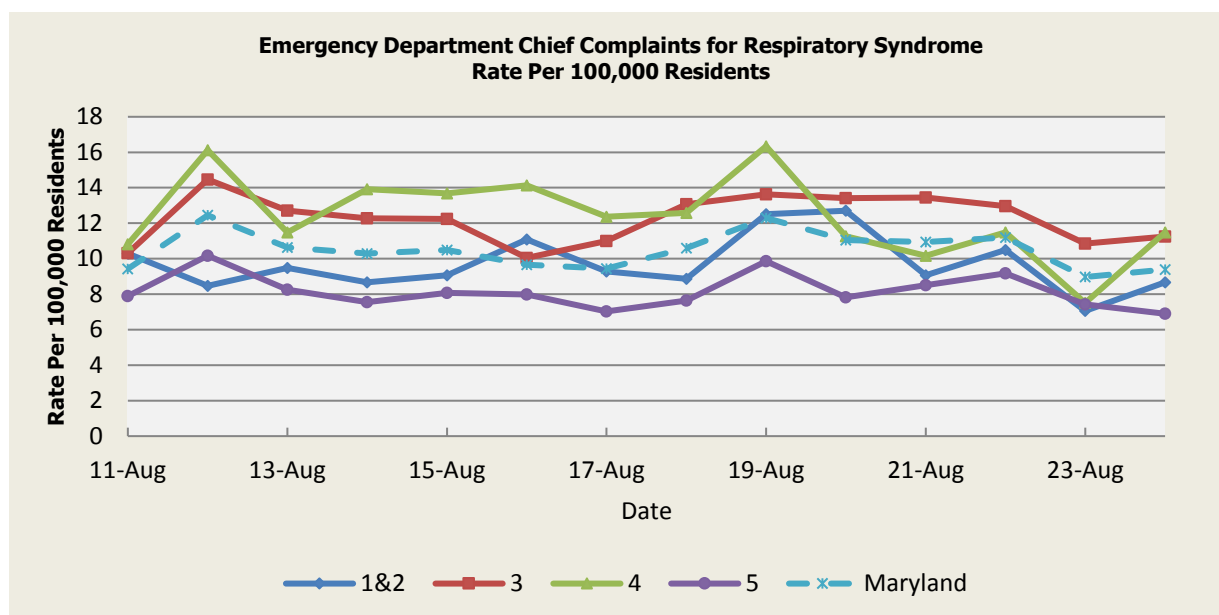
There was one (1) Gastrointestinal Syndrome outbreak reported this week: one (1) outbreak of Gastroenteritis in an Assisted Living Facility (Region 1&2).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.27	15.09	15.93	10.25	13.15
Median Rate*	13.11	14.87	15.46	10.13	13.02

* Per 100,000 Residents

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Respiratory Syndrome



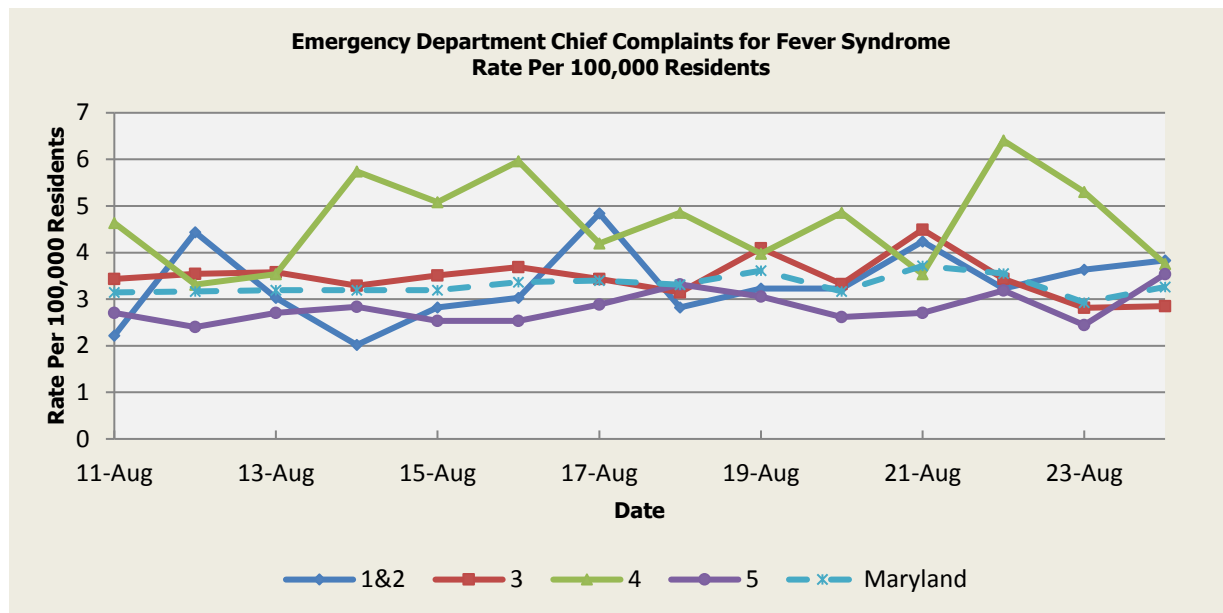
There were two (2) Respiratory Syndrome outbreaks reported this week: one (1) outbreak of Ili/Pneumonia in a Nursing Home (Region 5); one (1) outbreak of Legionellosis in an Assisted Living Facility (Region 3).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.61	14.70	15.04	9.95	12.73
Median Rate*	12.10	14.14	14.35	9.60	12.25

* Per 100,000 Residents

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Fever Syndrome



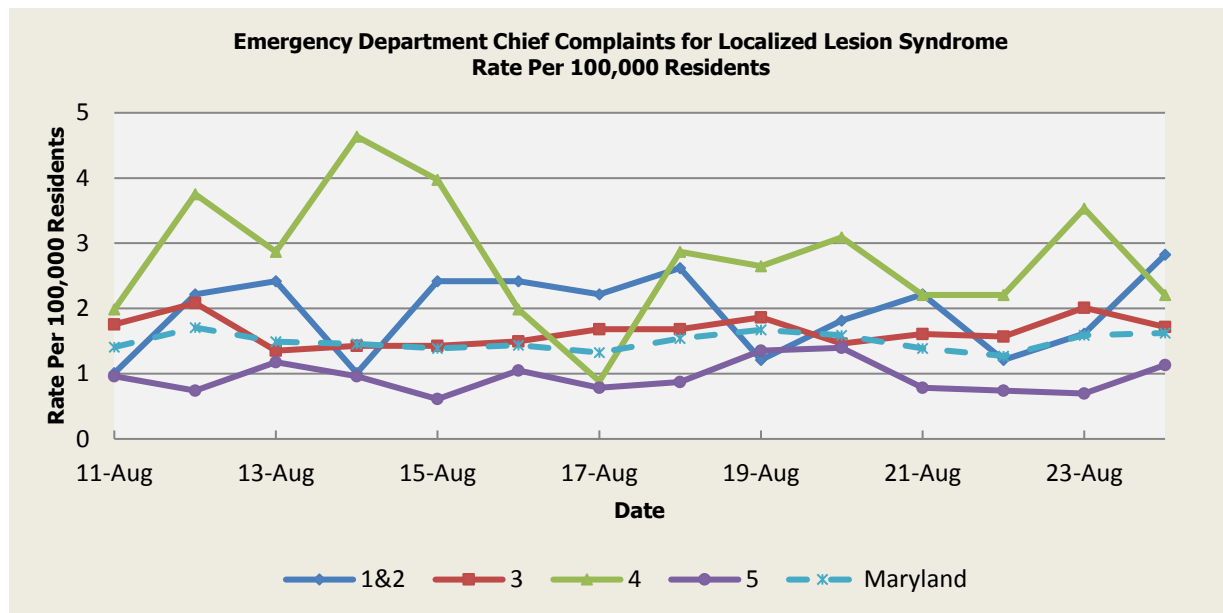
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.08	3.90	4.12	3.04	3.52
Median Rate*	3.02	3.80	3.97	2.92	3.40

**Per 100,000 Residents*

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Localized Lesion Syndrome



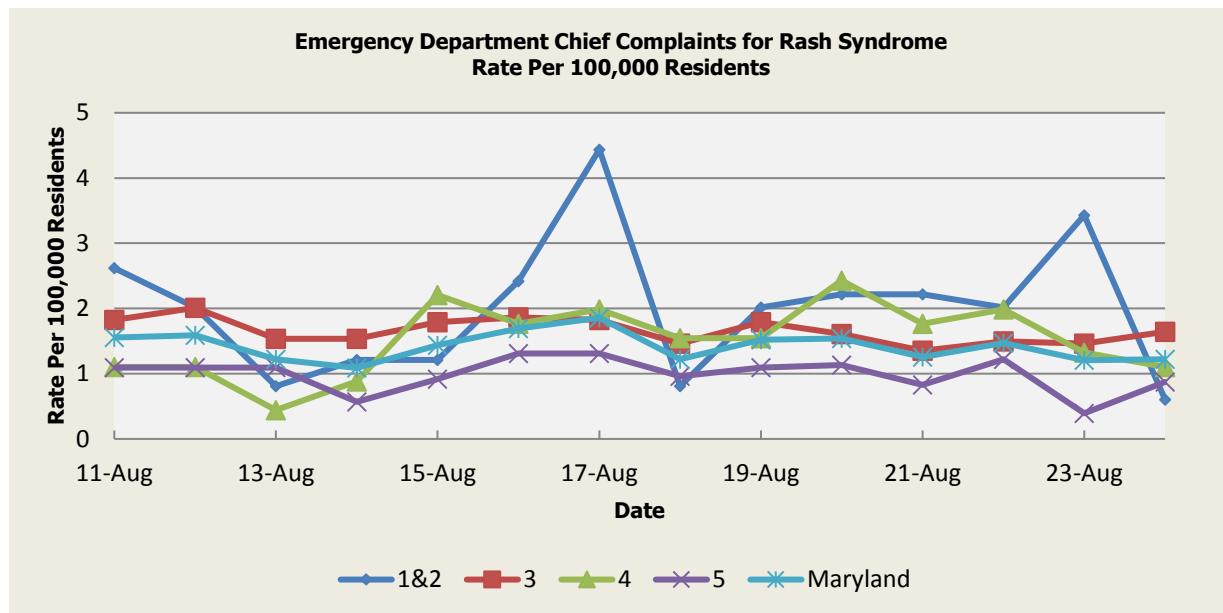
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.15	1.79	2.05	0.91	1.42
Median Rate*	1.01	1.72	1.99	0.87	1.37

* Per 100,000 Residents

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Rash Syndrome



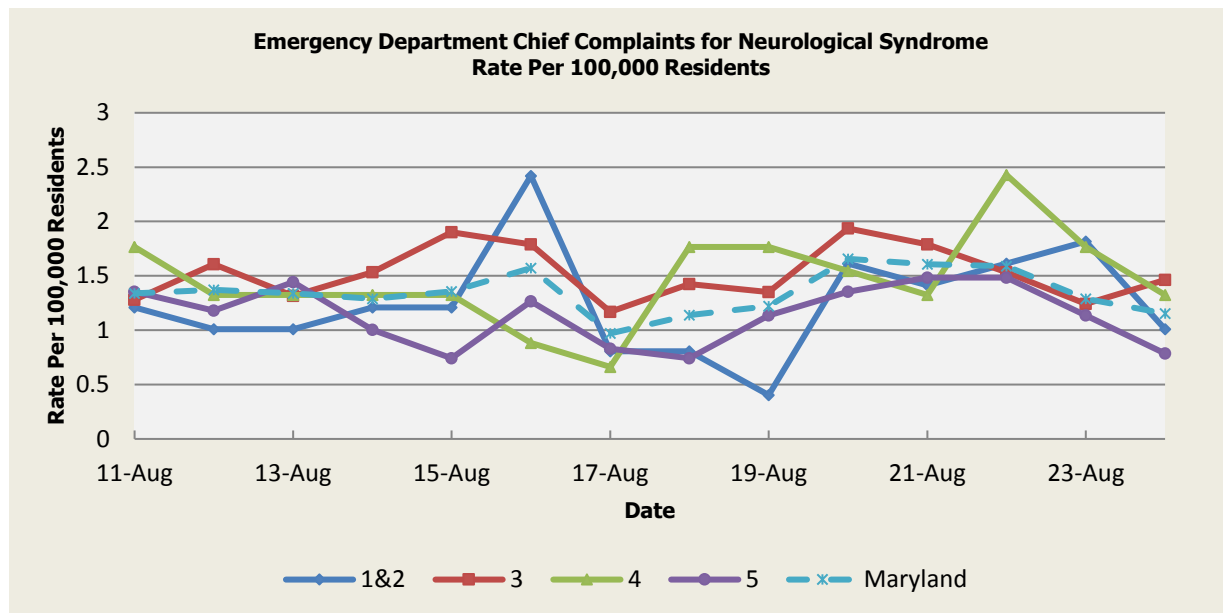
There were two (2) Rash Syndrome outbreaks reported this week: one (1) outbreak of Hand, Foot, and Mouth Disease associated with a Daycare Center (Region 3); one (1) outbreak of Scabies in a Group Home (Region 5).

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.24	1.68	1.77	0.98	1.38
Median Rate*	1.21	1.61	1.77	0.92	1.32

* Per 100,000 Residents

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Neurological Syndrome



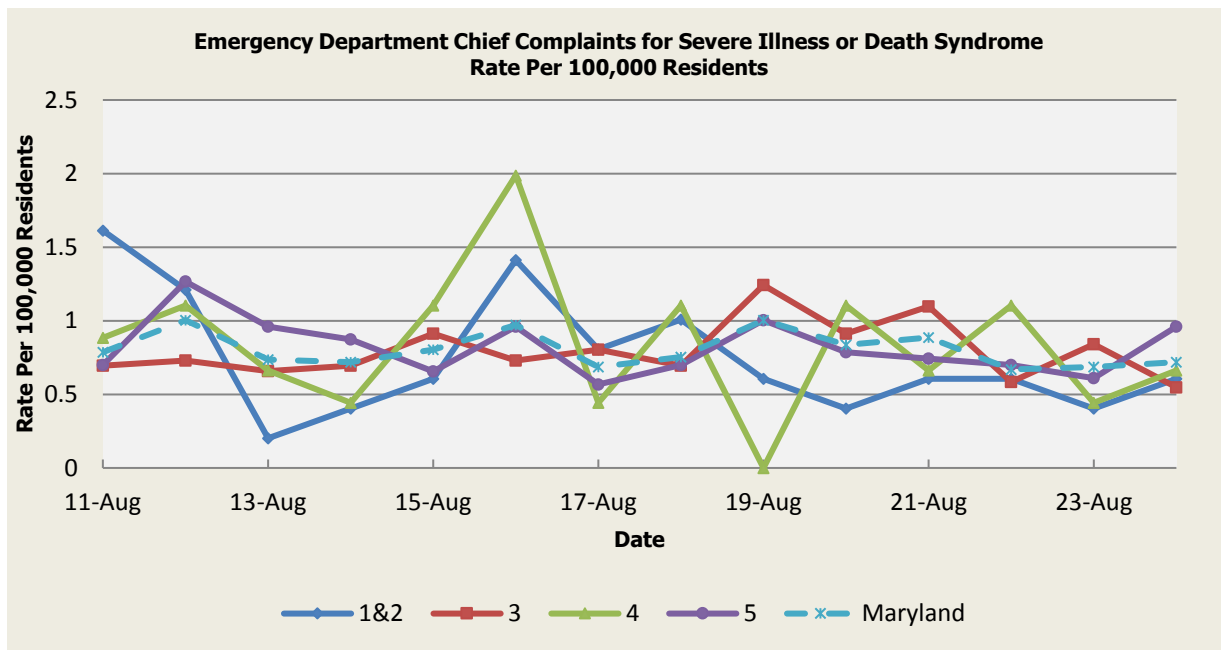
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.78	0.95	0.86	0.60	0.80
Median Rate*	0.81	0.84	0.66	0.57	0.70

* Per 100,000 Residents

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Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

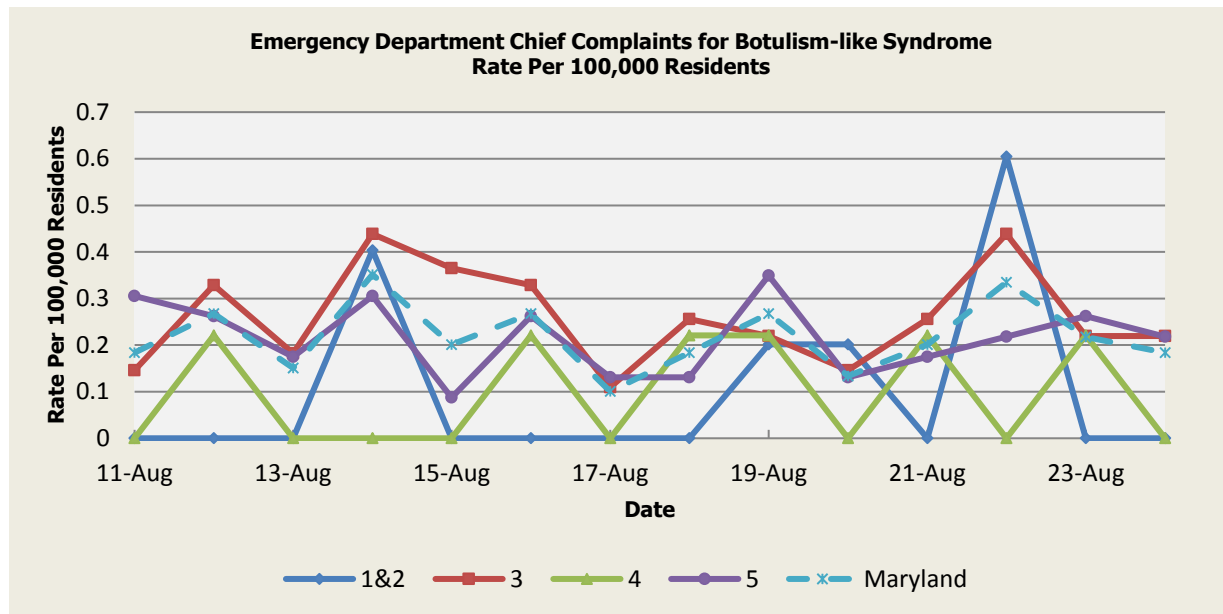
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.90	0.83	0.52	0.73
Median Rate*	0.60	0.84	0.66	0.48	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



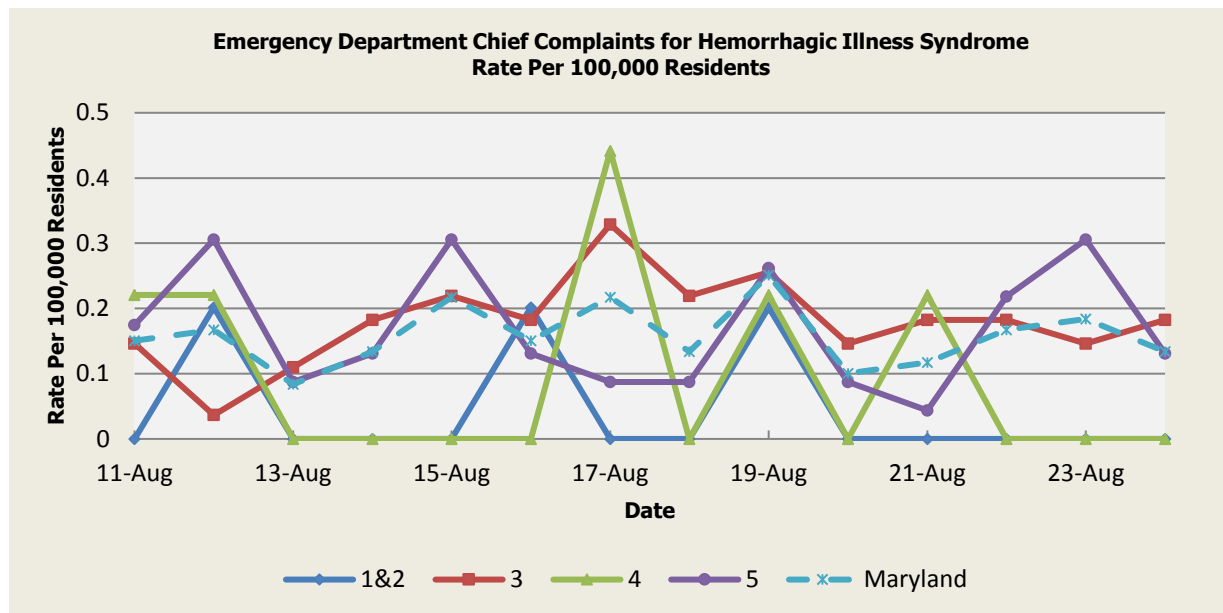
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on, 8/11 (Region 5), 8/12 (Regions 3,4,5), 8/13 (Region 5), 8/14 (Regions 1&2,3,5), 8/15 (Region 3), 8/16 (Regions 3,4,5), 8/18 (Regions 3,4), 8/19 (Regions 1&2, 4,5), 8/20 (Region 1&2), 8/21 (Regions 3,4,5), 8/22 (Regions 1&2, 3,5), 8/23 (Regions 4,5), 8/24 (Region 5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.12	0.06	0.08	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



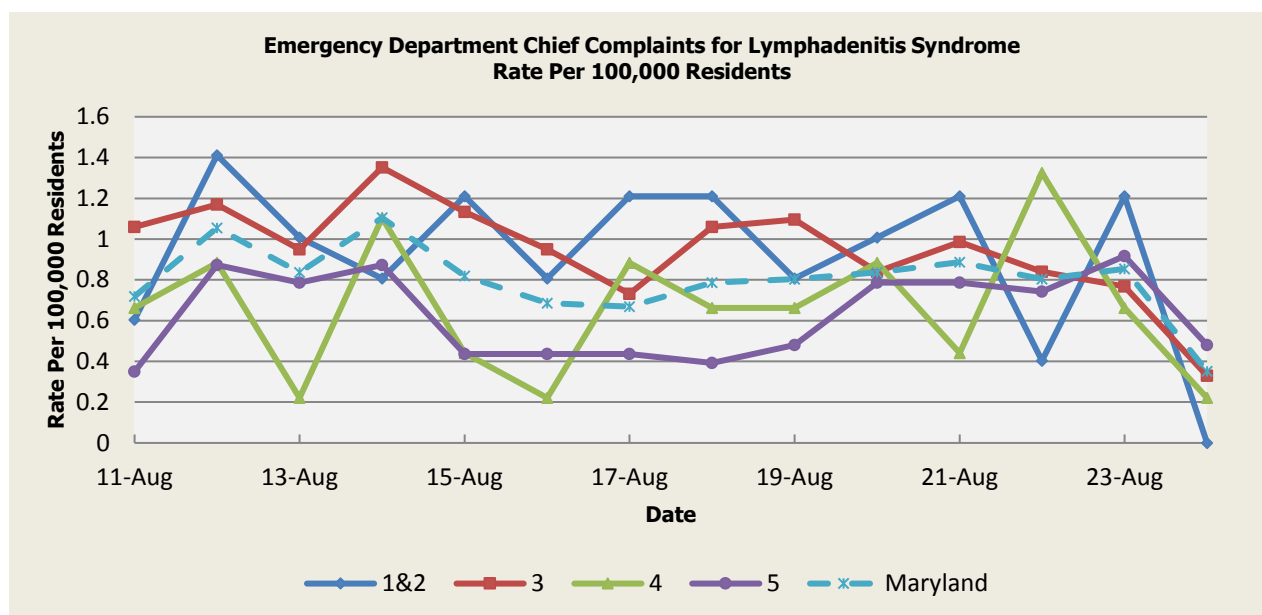
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on, 8/11 (Region 4), 8/12 (Regions 1&2,4,5), 8/15 (Region 5), 8/16 (Region 1&2), 8/17 (Regions 3,4), 8/19 (Regions 1&2, 4,5), 8/21 (Region 4), 8/23 (Region 5). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.16	0.04	0.13	0.13
Median Rate*	0.00	0.11	0.00	0.09	0.08

* Per 100,000 Residents

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on, 8/12 (Regions 1&2,4,5), 8/13 (Regions 1&2, 5), 8/14 (Regions 1&2,3,4,5), 8/15 (Region 1&2), 8/16 (Region 1&2), 8/17 (Regions 1&2,4), 8/18 (Region 1&2), 8/19 (Region 1&2), 8/20 (Regions 1&2,4,5), 8/21 (Regions 1&2,5), 8/22 (Region 4), 8/23 (Regions 1&2,5). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.38	0.59	0.40	0.38	0.48
Median Rate*	0.40	0.51	0.44	0.35	0.42

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

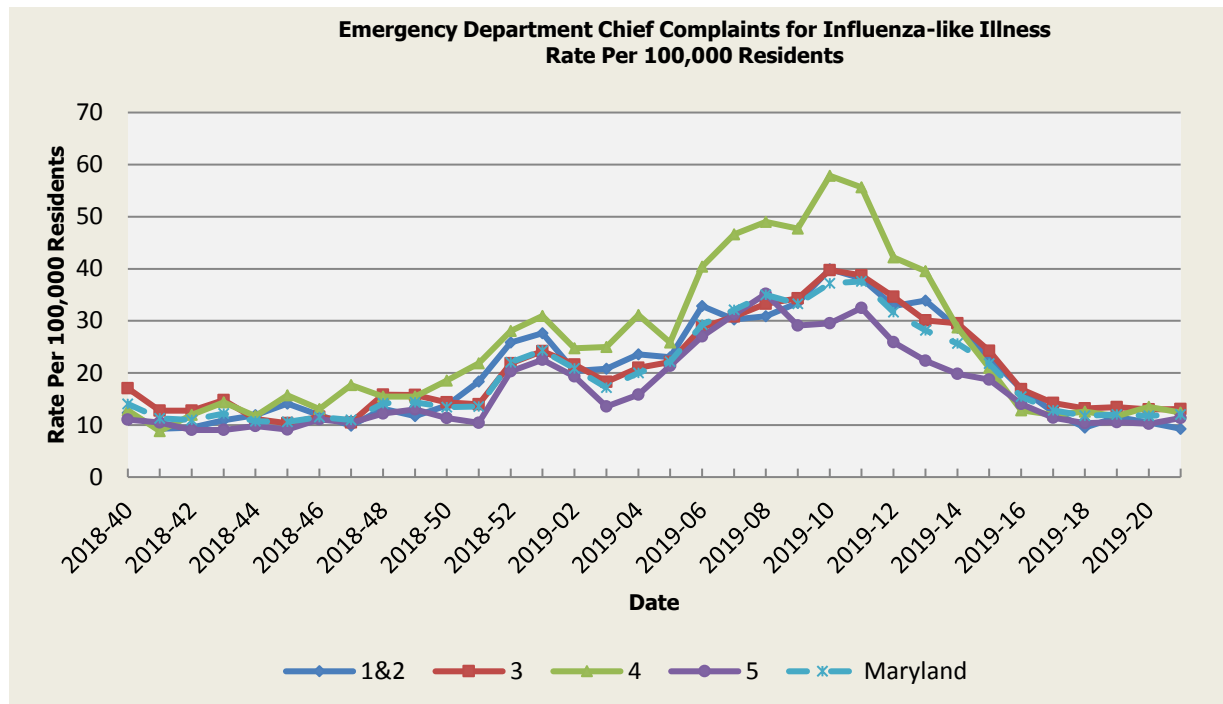
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2018 through May 2019).

Influenza-like Illness

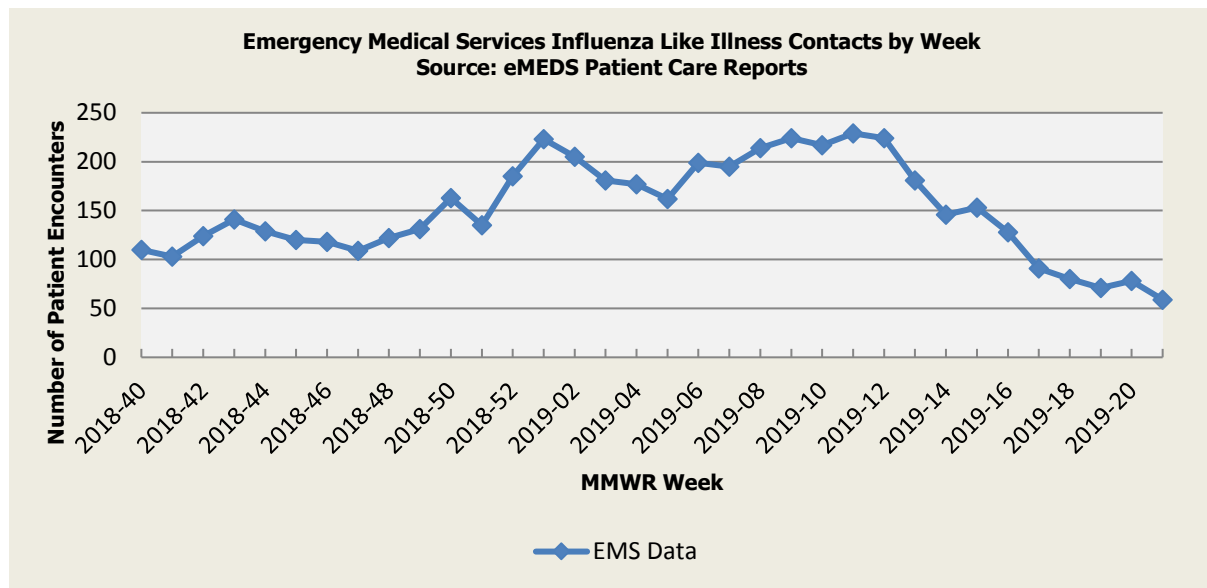


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.20	13.31	12.85	11.28	12.24
Median Rate*	7.66	10.30	9.27	8.77	9.44

* Per 100,000 Residents

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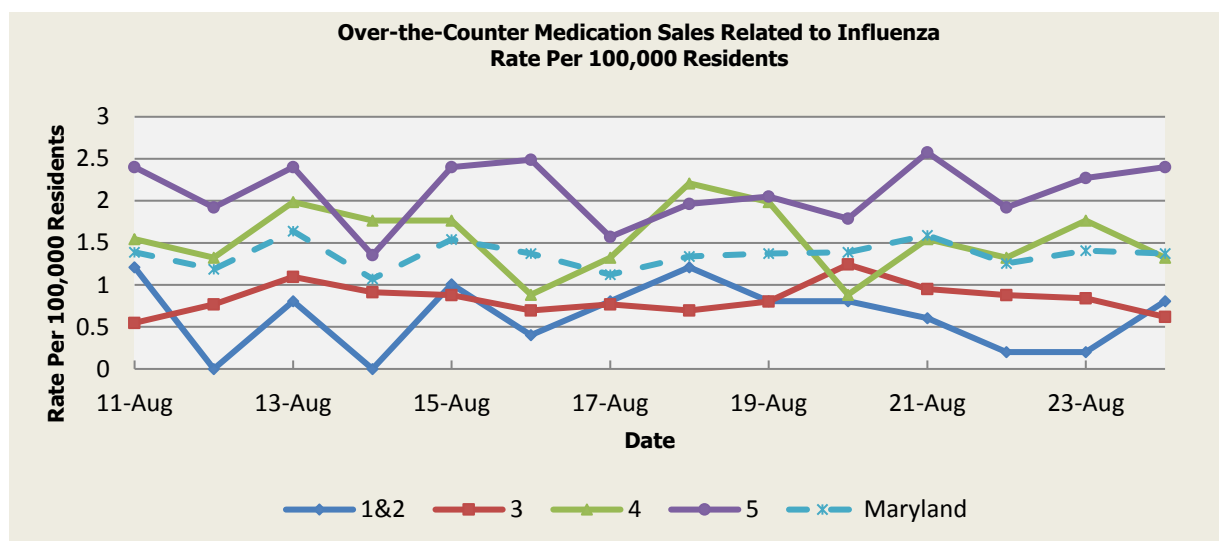
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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Over-the-Counter Influenza-Related Medication Sales



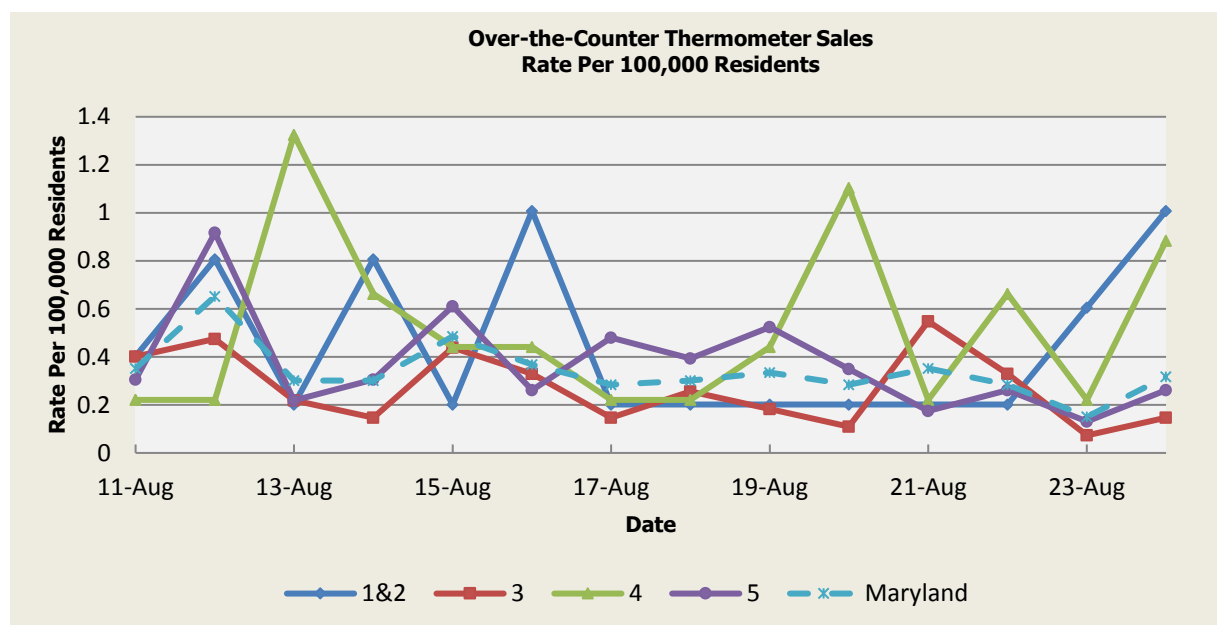
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.49	4.49	2.68	7.84	5.55
Median Rate*	2.82	3.65	2.21	7.12	4.82

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.97	2.83	2.25	3.76	3.15
Median Rate*	2.62	2.70	2.21	3.67	3.08

* Per 100,000 Residents

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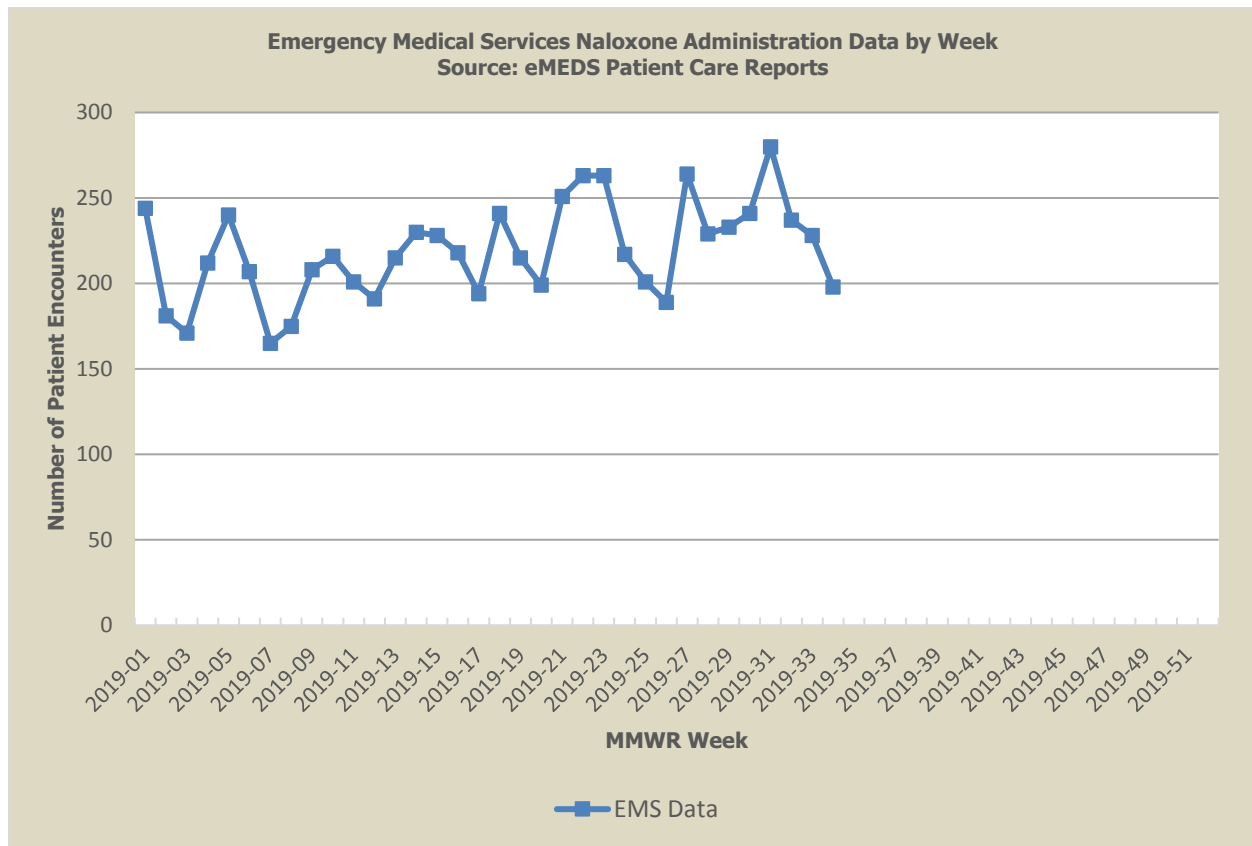
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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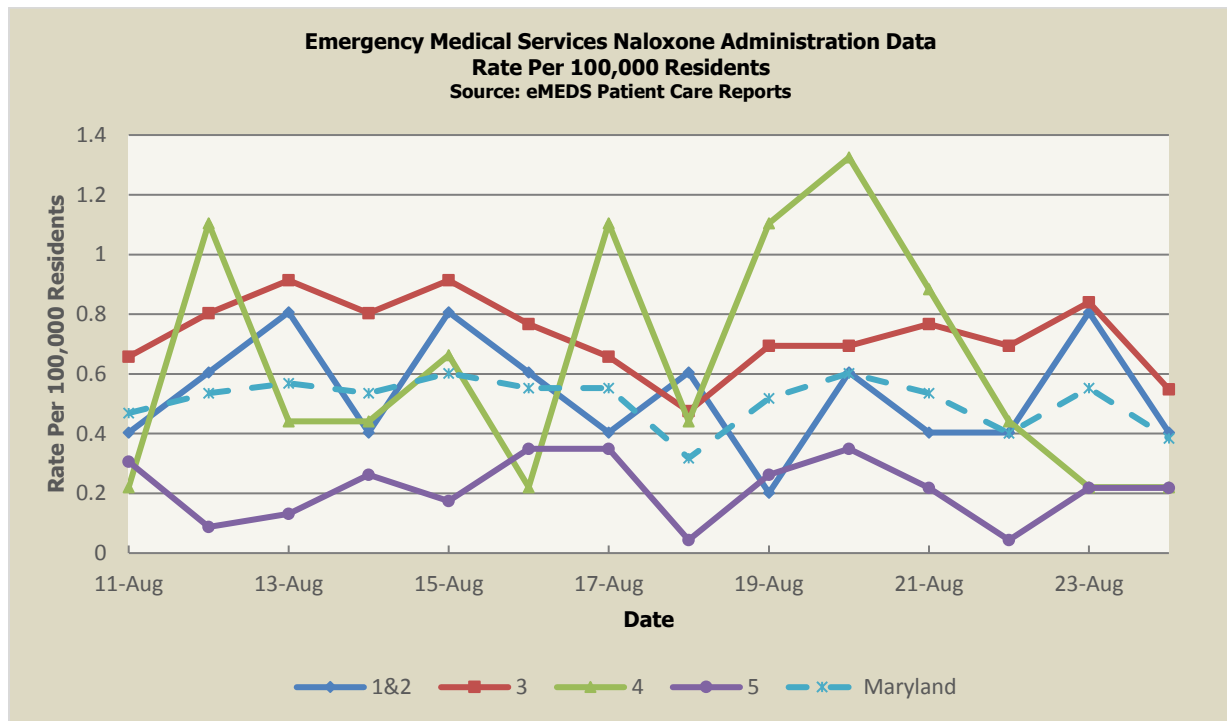
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of August 29th, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

EASTERN EQUINE ENCEPHALITIS (NEW JERSEY), 29 Aug 2019, The New Jersey departments of Health (NJDOH), Environmental Protection (NJDEP), and Agriculture (NJDA) are urging state residents to take precautions this summer to protect themselves from all mosquito-borne diseases including eastern equine encephalitis [EEE], a rare virus transmitted to people and horses by the bite of an infected mosquito. Read More: <https://www.promedmail.org/post/6648576>

CYCLOSPORIASIS (TEXAS), 28 Aug 2019, Hidalgo County health officials are warning residents about the growing number of parasites found in leafy vegetables that could cause medical concerns for vulnerable populations. Read More: <https://www.promedmail.org/post/6644905>

EASTERN EQUINE ENCEPHALITIS (MICHIGAN), 27 Aug 2019, There are 3 suspected cases of the mosquito-borne illness eastern equine encephalitis in Michigan residents, according to the Michigan Department of Health and Human Services [MDHHS]. Read More: <https://www.promedmail.org/post/6642800>

EASTERN EQUINE ENCEPHALITIS (MASSACHUSETTS), 26 Aug 2019, A woman from southern Bristol County has been diagnosed with eastern equine encephalitis (EEE), the Massachusetts Department of Public Health (DPH) confirmed on Sunday [25 Aug 2019]. Read More: <https://www.promedmail.org/post/6640548>

RABIES (MULTISTATE), 25 Aug 2019, A 6-year-old girl is in good spirits after being bitten by a rabid fox in Bath, according to her mother. The girl was playing outside at a friend's house on Bumpy Hill Road when a fox attacked, chasing her into the home, according to Bath police chief Michael Field. Read More: <https://www.promedmail.org/post/6639484>

WEST NILE VIRUS (NEVADA), 24 Aug 2019, It's officially an outbreak. There are more West Nile [virus infection, WNV] cases in southern Nevada this year [2019] than ever before, and mosquito season is far from over. Read More: <https://www.promedmail.org/post/6638206>

MURINE TYPHUS (CALIFORNIA), 23 Aug 2019, An explosion of rats in Los Angeles (LA) has [led] to a surge in cases of typhus and could pave the way for a public health crisis. According to Reform California, there have been 124 confirmed cases of typhus in LA County this year. Read More: <https://www.promedmail.org/post/6637265>

INTERNATIONAL DISEASE REPORTS

MELIOIDOSIS (JAPAN), 29 Aug 2019, A 75-year-old man who was admitted to a medical institution in Kamogawa city on 6 Aug 2019 and died on the same day was diagnosed as a melioidosis [case] from the results of the test, and the outbreak was reported to the Awa Health Center on 26 Aug 2019. Read More: <https://www.promedmail.org/post/6647639>

CRIMEAN-CONGO HEMORRHAGIC FEVER (UNITED ARAB EMIRATES), 29 Aug 2019, A resident of Swabi district has succumbed to Congo fever in Sharjah hospital and was laid to rest there on [Sat 24 Aug 2019]. Read More: <https://www.promedmail.org/post/6641849>

HANTAVIRUS (TAIWAN), 28 Aug 2019, A migrant worker in Taiwan has been diagnosed with [a] hantavirus infection, the 1st case in the country this year [2019]. Read More: <https://www.promedmail.org/post/6646313>

LEPTOSPIROSIS (PHILIPPINES), 26 Aug 2019, The Department of Health (DOH) in Calabarzon (Cavite, Laguna, Batangas, Rizal and Quezon) urged residents to take precautionary measures as the number of leptospirosis cases in the region has reached 75, with 12 recorded deaths. Read More: <https://www.promedmail.org/post/6641939>

WEST NILE VIRUS (BULGARIA), 26 Aug 2019, Two cases of the West Nile Virus [WNV] have been confirmed in Bulgaria, with one of the patients said to have lived in Cyprus during a part of the summer. Read More: <https://www.promedmail.org/post/6640845>

AMEBIC MENINGOENCEPHALITIS (PAKISTAN), 26 Aug 2019, A 16-year old boy is battling for life at a private hospital in Karachi after he was diagnosed on [Fri 23 Aug 2019] with primary amoebic meningoencephalitis (PAM), a rare disease caused by *Naegleria fowleri*, a microorganism also referred to as brain-eating bug, health officials said. Read More: <https://www.promedmail.org/post/6640847>

MENINGITIS, MENINGOCOCCAL (UK), 25 Aug 2019, On 22 Jul [2019], Public Health England issued an important public health announcement, the unusual occurrence in the UK of 3 people with non-groupable meningococcal infections connected with recent travel to Mecca, Saudi Arabia (1). Read More: <https://www.promedmail.org/post/6640333>

LISTERIOSIS (SPAIN), 25 Aug 2019, The listeriosis outbreak in Spain is thought to have claimed a 2nd life. A 72 year old man with cancer died on Thu 22 Aug 2019. On Tue 20 Aug 2019, a 90 year old woman passed away. Both victims lived in Sevilla, the centre of the outbreak. Read More: <https://www.promedmail.org/post/6640291>

LISTERIOSIS (CANADA), 24 Aug 2019, The Public Health Agency of Canada is collaborating with provincial public health partners, the Canadian Food Inspection Agency and Health Canada to investigate an outbreak of *Listeria monocytogenes* infections involving 3 provinces: British Columbia, Manitoba and Ontario. Read More: <https://www.promedmail.org/post/6638985>

RADIATION POISONING (RUSSIA), 24 Aug 2019, Russian medics who treated radiation victims after a military explosion in the Arctic had no protection, and now fear they were irradiated themselves. Two of the medics in Arkhangelsk spoke to BBC Russian about the victims' evacuation, on condition of anonymity. Read More: <https://www.promedmail.org/post/6638473>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

